

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 145

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Skip Kriz

Mailing Address 3370 Lakeview Drive

City

Eugene

State

OR

Zip Code

97408-7207

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sacred Heart Medical Cent-
er

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 2 / 2 0 0 9

Transaction ID: 17653505

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Mel Pyne

Mailing Address 3015 Summit Sky Blvd.

City

Eugene

State

OR

Zip Code

97405-6253

FEC ID number of contributing
federal political committee.

C

Name of Employer
PeaceHealth

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 2 / 2 0 0 9

Transaction ID: 17653507

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Mr Terry Murphy

Mailing Address 640 South State Street

City

Dover

State

DE

Zip Code

19901-3597

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bayhealth Medical Center

Occupation

Executive Vice President and Chief Ope

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 2 / 2 0 0 9

Transaction ID: 17655944

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)